

Registration District No. **735** Primary Registration District No. **3034**

1. PLACE OF DEATH:

(a) County: **Randolph**
(b) City or town: **Proctorville**
(c) Name of hospital or institution: **1314 Henry**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution: **28 years**
(Specify whether years, months or days)
In this community: **28 years**

3. (a) PRINT FULL NAME

May J. Moberly
3. (b) If veteran, name war: **1** 3. (c) Social Security No.: **1**

4. Sex: **Female** 5. Color or race: **or** 6. (a) Single, widowed, married, divorced: **widowed**
6. (b) Name of husband or wife: **Ben Moberly** 6. (c) Age of husband or wife if alive: **31** years
7. Birth date of deceased: **Aug 31 1888**
(Month) (Day) (Year)

8. AGE: Years **85** Months **4** Days **4** If less than one day
.....hr.min.

9. Birthplace: **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business:

12. Name: **John C. Thompson**
13. Birthplace: **MO**
(City, town, or county) (State or foreign country)

14. Maiden name: **Perkins**
(City, town, or county) (State or foreign country)

15. Birthplace: **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant: **E. C. Moberly**
(b) Address:

17. (a) **Burial** (b) Date thereof: **1-7-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **new**

18. (a) Signature of funeral director: **E. C. Moberly**
(b) Address: **Proctorville MO**

19. (a) **1-6-42** (b) **J. Moberly**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Randolph**
(c) City or town: **Proctorville**
(If outside city or town limits, write "RURAL")
(d) Street No.: **1314 Henry**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5**
year **1942** hour **12** minutes **noon** M.

21. I hereby certify that I attended the deceased from **Dec 10 1912**
that I last saw him alive on **June 5 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Brain tumor**
Duration: **10**

Due to: **Senility**

Due to: **107**

Other conditions: **107**
(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations: **none**

Of autopsy: **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **---**

(b) Date of occurrence: **---**

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury: **---**

23. Signature: **E. C. Moberly** (M. D. or other)

Address: **Proctorville MO** Date signed: **4/6/42**

RECEIVED

District Health Officer No. 10

District File Number 2-42-337

Date Filed FEB 19 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Jack Hays
Licensed Embalmer No. 6399

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.